



Medical Laboratory

NTQF Level -III

Learning Guide #4

Unit of Competence: -	Providing Compassionate, Respectful and Caring Service
Module Title: -	Providing Compassionate, Respectful and Caring Service
LG Code:	HLT MLS3 M01 0919
TTLM Code:	HLT MLS3 M01 0919TTLM0919v1

LO 4: Providing respectful care for clients



Instruction Sheet	Learning Guide #4
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Respecting patients
- Participating patients and families in decision making and care

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, upon completion of this Learning Guide, **you will be able to –**

- Health care practitioners listen to and honor patient and family perspectives and choices
- Incorporated into the planning and delivery of care Patient and family knowledge, values, beliefs and cultural backgrounds.
- Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful
- Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- Encouraged and supported in participating in care and decision-making at the level they choose Patients and families.
- Patients, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.
- Respected Patient's rights to access care, transfer and continuity of care.

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information “Sheet 1, Sheet 2, Sheet 3 and Sheet 4 Accomplish the “Self-check 1, Self-check t 2, Self-check 3 and Self-check 4
4. If you earned a satisfactory evaluation from the “Self-check” proceed to the next session



Information Sheet-1	<h1>Respecting patients</h1>
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4.1.1. Dignity and Respect

Definition of Dignity (الكرامة)

The word dignity originates from two Latin words: 'dignitus' which means merit and 'dignus' meaning worth. It is defined from two perspectives:

- ✓ Dignity is a quality of the way we treat others.
- ✓ Dignity is a quality of a person's inner self.



Fig:-4.1. dignity

Protect the patient's physical **privacy**.

- **Maintain** patient **dignity** by ensuring they remain covered while **providing care**. When **giving** a bath, **keep** the patient covered with a blanket or towel, uncovering only the section of the body you are currently washing.

Types of Dignity

There are four types of dignity: dignity of human being, personal identity, merit and moral status.



Fig:-2.2. Dignity

1. Dignity of human being

This type of dignity is based on the principle of humanity and the universal worth of human beings their inalienable rights-which can never be taken away.



Fig. 2.3. humanity

2. Dignity of personal identity

This form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people.



Fig.

3. Dignity of merit

This is related to a person's status in a society.

4. Dignity of moral status

This is a variation of dignity of merit, where some people have a personal status because of the way they perceived and respected by others

Attributes of Dignity

There are four attributes of dignity:

1. **Respect:** self-respect, respect for others, respect for people, confidentiality, self-belief and believe in others.
2. **Autonomy:** having choice, giving choice, making decisions, competence, rights, needs, and independence.



3. **Empowerment:** Feeling of being important and valuable, self-esteem, self-worth, modesty and pride.
4. **Communication** (may be verbal or non-verbal): explaining and understanding information, feeling comfort, and giving time to the patients / families

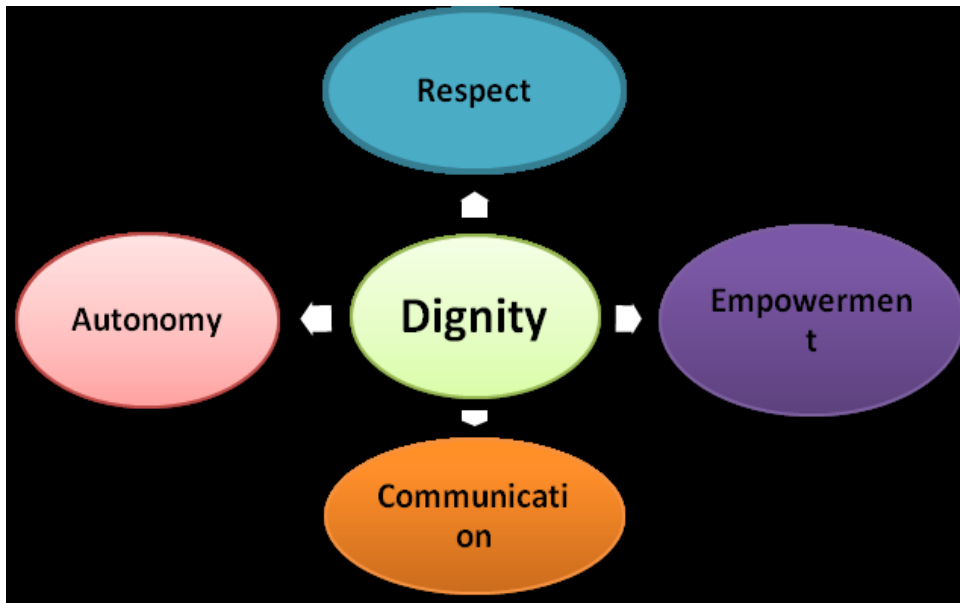


Figure:-2.5 Attributes of dignity

Definition of Respect (አክብሮት)

- ✓ It is a term which is intimately related to dignity
- ✓ It is probably the most important action verb used to describe how dignity works in practice.



- **The action meanings of the word respect:**

- ✓ Pay attention to
- ✓ Honouring
- ✓ Avoiding damage e.g. insulting, injuring
- ✓ Not interfering with or interrupting
- ✓ Treating with consideration
- ✓ Not offending

People can vary by their skills, educational background, gender, age, ethnicity, and experiences. But, as human being, all are entitled to get dignified and respectful care. Every human being must respect others and get respect from others.



Figure 2.6 Rank by achievement and Dignity

Dignity and respect in the health care setting

Treating clients with dignity implies treating them with courtesy and kindness, but it also means:

- ✓ Respecting their rights
- ✓ Giving them freedom of choice
- ✓ Listening and taking into consideration what they say and
- ✓ Respecting their wishes and decisions, even if one disagrees.

Treating clients with dignity implies being sensitive to clients' needs and doing one's best for them, but it also means:



- ✓ Involving them in decision making
- ✓ Respecting their individuality
- ✓ Allowing them to do what they can for themselves and
- ✓ Giving them privacy and their own personal space

Principles of Respectful Care

- ✓ Recognize factors affecting dignity
- ✓ Challenge dignity barriers
- ✓ Recognize diversity and uniqueness of individuals
- ✓ Value workplace culture
- ✓ Uphold responsibility to shape care
- ✓ Recognize the care environment
- ✓ Meaningful conversation

Core Principle 1: Recognize Diversity and the Uniqueness of Individual

- ✓ Respect and dignity may have different meaning to different people based on their culture, background, values and beliefs.
- ✓ Diversity of clients/ patients / in terms of ethnicity, religion, belief, culture, language, age, gender, disability , mental status , and social conditions shall be taken into account when we assess , examine ,diagnosing , plan and manage any health condition.
- ✓ Health care providers must fully appreciate the need to ensure that services are provided in a way that respects individuality as well as the ways in which personality impacts on user's perceptions of the services that are provided.
- ✓ Health care providers themselves shall understand the impact of their own personal values beliefs could impact the practice of care.



Core principle 2: Uphold the responsibility to shape care and support services around each individual

Health care providers must play a key role in translating the understanding and knowledge regarding diversity and uniqueness of patients in to clear practices of care planning and provision. When providing care and treatment, health care providers should understand the implications of the individual’s mental capacity, knowledge, and experience, their involvement and level of participation in care planning and treatment

Core principle 3: Communicating with individuals in ways that are meaningful to them

Communication plays a key role in understanding individual needs and preferences. This is fundamental to care provision to ensure dignity and respect. Verbal, non-verbal and body language are important elements of communication and these are affected by individual’s culture, disability and language. Maintaining confidentiality and transparency is also fundamental for good communication. It is essential that care providers understand these factors and provide opportunities for the service user to express their wishes and concerns to their care providers.

Core principle 4: Recognize and respect how an individual’s dignity may be affected When supported with their personal care

While every care provider aims to provide dignified care there are many occasions which Unintentional compromises to dignity can happen due to lack of awareness and understanding. It is vital that all professionals providing care understand and support the need for an individual to receive personal care in a sensitive manner and protect their privacy at all times. When treating or talking to patients remember their need of, and right to, privacy. Often a hallway or curtained bed space just isn’t private enough. If a patients’ bedside curtain or door is closed, please ask the patient or staff attending the patient if it is OK to enter. In general, in ensuring dignified care it is important that individuals are enabled to be independent and not made uncomfortable when receiving intimate personal care.

Core principle 5: Recognize that an individual’s surroundings and environments are Important to their sense of respect

Ensuring a friendly and supportive environment is a key enabler for individuals to feel respected and maintaining their dignity.



A welcoming atmosphere, respect for personal space and privacy and the right environment for effective communications are all integral to caring with dignity. A simple welcome to a patient can do a lot to make them feel comfortable and relaxed.

Core principle 6: Value workplace cultures that actively promote the Respect for everybody

In addition to providing the right environment for an individual it is also important to ensure a positive workplace environment for health care providers which would enable them to provide dignified care.

A respectful workplace A place where everyone can do his or her best, and where health care providers are free to report workplace concerns without fear of retaliation or reprisal. A health care is a setting/ facility that reflects and values the best in everyone, where professionals treat each other respectfully and professionally, and where individual differences are valued.

Core principle 7: Recognize the need to challenge care that may reduce the dignity of the individual

Respect is everyone's responsibility and this should be integral to all practices in a care setting. Staff health care providers' needs to have the opportunity to discuss things that make them feel uncomfortable but are not necessarily issues that meet safeguarding thresholds. If health facilities develop cultures that are open and reflective of practice that is undertaken during service delivery then this will be addressed. Opportunities to learn from mistakes and improving performance are a strong lever for improving the quality of care. A culture of maintaining integrity and following professional conduct enables health care providers to speak up when they come across substandard quality of care. The facility managers and leaders at all levels have a significant role to play in ensuring this. Encouraging everyone including staff, patient/client, and their families can provide ample learning opportunities and scope for improving practice.



Factors Affecting Provision of Respectful Care



a. Health Care Environment

Positive attributes of the physical environment which helped health professional to provide dignified care are related to aspects maintaining physical and informational privacy and dignity, aesthetically pleasing surroundings and single sex accommodation, toilet and washing facilities. Aspect of the environment that maintain physical and informational privacy are listed below

- ✓ **Environmental privacy** (for example curtains, doors, screens and adequate separate rooms for intimate procedures or confidential discussions (auditory privacy).
- ✓ **Privacy of the body:** covering body, minimizing time exposed, privacy during undressing and clothing are some of the enabling factors to ensure bodily privacy done by health professionals.



- ✓ **Aesthetic aspects** of the physical environment (for example space, colour, , furnishing, décor, managing smells); and the provision of accommodation, toilet and washing facilities.



- ✓ **Managing peoples in the environment:** such as other patients, family and ward visitors/public contribute positively to maintain dignity in the health.
 - ✓ **Adequate mix and proficient Staffing:** adequately staffed with appropriate number and skill mix, as high workload affects staff interactions, and have strong leaders who are committed to patient dignity.
 - ✓ Aspect of the environment that hinders the provision of respectful care are listed below,
 - ✓ **The healthcare System:** Shortage of staff, unrealistic expectations, poorly educated staff, 'quick fix' attitude ,low wage, pay 'lip service' to dignity, low motivation, lack of respect among professionals ,normalization/tolerance of disrespectful care, lack of role model ,management bureaucracy and unbalanced staff patient ratio and skill mix.
 - ✓ **Lack of privacy:** Lack of available single rooms, bath rooms and toilets without non-functional locks, use of single rooms only for infectious cases and lack of curtains or screens
 - ✓ **Restricted access to facility/service:** Badly designed rooms, inadequate facilities (e.g. toilets, bath rooms), Cupboards with drawers that does not open, toilet and bath rooms shared between male and females.
 - ✓ **Lack of resource:** Run out of hospital, gowns and pajamas, Lack of medical equipment's and supplies committed to patient dignity.
- b. The attitude and behaviors of health care providers**
- ✓ While environment and resources are important factors, all staff working in practice should take individual responsibility for promoting patients' respect and dignity as just one individual's behavior in a team can lead to a distressing experience for patients the core values of healthcare (respect and kindness) are easy to overlook in the busy, high patient load facilities he.
 - ✓ Yet it's the humanity of healthcare that gives meaning for the work we do as health care professionals and helps to achieve the best possible health outcome and creates a lasting memory for the public we serve.

C. Patient and family factors

Many patients actively promote their own dignity. The patients identified that their attitude towards potentially undignifying situations helped either to promote their dignity or to accept a loss of dignity, thus, feeling more comfortable.



- ✓ **Rationalization-** Patients rationalized that bodily exposure to staff, and intimate procedures were necessary in hospital it's just part of the health professional job.
- ✓ **Adaptation-**having a urethral catheter was a loss of dignity. The patient thus adopted an attitude of acceptance which seemed to make them feel more comfortable
- ✓ **Take initiative to build relationship:** In addition developing good relationships with staff to promote their dignity and patients were often observed taking the initiative to build relationships. Some patient factor might affect the provision of respectful care. This includes, loss of function, psychological impact of diagnosis, diagnosis associated intimate procedures.

4.1.2. Patient privacy rights

The right of patient to confidentiality

- ✓ All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind, must be kept confidential, even after death. Exceptionally, family may have a right of access to information that would inform them of their health risks.
- ✓ Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other healthcare providers only on a strictly "need to know" basis unless the patient has given explicit consent.
- ✓ All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage. Human substances from which identifiable data can be derived must also be protected.

Exceptions to the requirement to maintain confidentiality

- ✓ Routine breaches of confidentiality occur frequently in many healthcare institutions. Many individuals (physicians, health officers, nurses, laboratory technicians, students, etc) require access to a patient's health records in order to provide adequate care to that person and, for students, to learn how to practice care provision.
- ✓ Care providers routinely inform the family members of a deceased person about the cause of death. These breaches of confidentiality are usually justified, but they should be kept.



- ✓ To a minimum and those who gain access to confidential information should be made aware of the need not to spread it any further than is necessary for descendants benefit. Where possible, patients should be informed ahead that such a breach might occur.
- ✓ Many countries have laws for the mandatory reporting of patients who suffer from designated diseases, those deemed not fit to drive and those suspected of child abuse. Care providers should be aware of the legal requirements to be able to disclose patient information. However, legal requirements can conflict with the respect for human rights that underlies healthcare ethics. Therefore, care providers should look carefully at the legal requirement to allow such an infringement on a patient's confidentiality and assure that it is justified. If care providers are persuaded to comply with legal requirements to disclose their patients' medical information, it is advisable to discuss this issue with their patients the necessity of any disclosure before it occurs and enlist their co-operation



Self-Check -1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

Multiple choose

1. Which of the following are not action meanings of the word respect?
 - A. Pay attention
 - B. Honoring
 - C. Avoiding damage
 - D. interfering with
2. Which one of the following Types of Dignity related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people.
 - A. Dignity of human being
 - B. Dignity of personal identity
 - C. Dignity of merit
 - D. Dignity of moral status
 - E. None of the above
3. According to right of patient to confidentiality, which of the following is **true**?
 - A. All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind, must be kept confidential, even after death.
 - B. Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law.
 - C. All identifiable patient data must be protected.
 - D. All of the above.



Note: Satisfactory rating - 3 points

Unsatisfactory - below 3 points

Answer Sheet

1. _____

2. _____

3. _____

Score = _____

Rating: _____

Name: _____

Date: _____



Information Sheet-2	Participating patients and families in decision making and care
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Patient privacy rights

- **Patients right to consent, information and decision making**
 - ✓ Informed consent is legal document whereby a patient signs written information with complete information about the purpose, benefits, risks and other alternatives before he/she receives the care intended.
 - ✓ It is a body of shared decisions making process, not just an agreement.
 - ✓ Patient must obtain and being empowered with adequate information and ensure that he/she participated in their care process.
- **Confidentiality of client information**

Confidentiality:-

- ✓ is an important principle in ethics
- ✓ is about your privacy, meaning that any information you tell someone will be kept between you and that person, unless it is clear that it is public or open access information

Why we give high value for confidentiality?

1. Autonomy:

- ✓ Personal information about an individual belongs to him or her and should not be made known to others without his or her consent.

2. Respect

- ✓ One important way of showing respect is by preserving privacy.

3. Trust

- ✓ Clients must have good reason to trust their caregivers not to divulge this information.



Participating patients and families in decision making and care

Patients right to consent, information and decision making

Informed consent is legal document whereby patient signs written information with complete information about the purpose, benefits, risks and other alternatives before he/she receives the care intended. It is a body of shared decisions making process, not just an agreement. Patient must obtain and being empowered with adequate information and ensure that he/she participated in their care process.

For consent to be valid, it must be:

- a. **Voluntarily** : By the person themselves, free of influence
- b. **Informed**: Given all the necessary information
- c. **Capacity**: Person must be capable of giving the consent

You should ensure that informed consent be given by a patient before any medical treatment is carried out. The ethical and legal rationale behind this is to respect the patient's autonomy and their right to control his/her life.

4.2.1. Information Sharing

Effective communication is a key to achieving informed consent. You should take appropriate steps to find out what patients want to know about their condition and what they ought to know about their condition, its examination and treatment.

Every adult patient is presumed to have the capacity to make decisions about their own healthcare. A care provider or health worker has a duty to assist patients to make informed decisions by giving them information in a clear and comprehensible manner; and ensure that they have appropriate support.

A Laboratory worker should consider patients' individual needs and priorities when providing information. For example, a client's or patients' beliefs, culture, occupation or other factors may have a bearing on the information when making a decision.

The laboratory worker should ask a patient whether they have understood the information they have received and if they need more information before making a decision. The laboratory worker must answer any questions the patient might have.



Also, the laboratory worker must not withhold any information necessary for the patient to make an informed decision unless disclosure would cause the patient serious harm. In this context 'serious harm' does not imply becoming upset or decide to refuse treatment.

Timing of consent process:

Obtaining informed consent cannot be an isolated event. It involves an ongoing process of keeping or in pain and therefore less likely to make a calm and reasoned decision. Where possible, you should explain risks well patients up to date with any changes in their condition and the treatments or investigation proposed. Whenever possible, the laboratory worker should discuss available sampling procedure options at a time when the patient is best able to understand and retain the information. It is not recommended to seek consent when a patient may be **stressed, sedated** in advance of an intervention.

Laboratory professionals' responsibility for seeking consent: Laboratory professional must have full understanding of the sampling procedure or laboratory tests, how it is carried out and the risks attached to it. If the laboratory worker does not have a full understanding of the procedure, he or she should appoint another colleague knowledgeable of the proposed sampling procedure or laboratory investigation and understands the risks involved to inform the patient with sufficient information and time to make an educated decision to consent to the procedure or investigation.

Decision making for incompetent patients

Many patients may be incompetent to make a decision for themselves. Example, include young children, individuals affected by certain psychiatric or neurological conditions which potentially impair their decision making ability, and those who are temporarily unconscious or comatose. These patients require substitute decision-makers. Ethical issues arise in the determination of the appropriate substitute decision-makers and in the choice of criteria for decisions on behalf of incompetent patients

Refusal of any laboratory care: Every adult with power to decide is entitled to refuse medical help.



The laboratory must respect a patient's decision to refuse any laboratory services, even if he or she disagrees with the patient's decision. In these circumstances, the laboratory technician or technologist should clearly explain to the patient the possible consequences of refusing laboratory diagnosis and offer the patient the opportunity to receive a second medical opinion if possible.

Ethiopian Council of minister's regulation 299/2013, Article 52.

Patient's informed consent:

- Medical service may not be provided without obtaining the patient's informed consent
- Notwithstanding the provision of sub-article 1 of this article, medical service may be provided to a patient without obtaining his/her consent when:
 - A. The patient is unable to give his consent and such consent is given by;
 - ✓ A person authorized by the patient in writing to give consent on his behalf;



- ✓ In the absence of a person authorized to give such consent, the spouse, child, parent, brother, or sister of the patient or
 - ✓ A person authorized to give such consent in accordance with the law or a court order
- B. Failure to treat the patient may result in a serious risk to public health
- C. The patient has not expressly or in any other way refused to get the medical service an any delay in the provision of medical service could result in irreversible damage on his/her health
- ✓ Any health professional shall make reasonable effort to obtain the patient's informed consent
 - ✓ The health professional shall explain to the patient who refused to get medical services, the possible risks of his refusal on his health and shall record same in writing
 - ✓ A consent given under this article shall be valid when it is obtained from the patient or any other third party in writing, unless it is permitted by directives to be expressed orally or through conduct.



Self-Check -2	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

Multiple choose

1. Personal information about an individual belongs to him or her and should not be made known to others without his or her consent is called _____
 - A. Respect
 - B. Trust
 - C. Capacity
 - D. Autonomy
2. When consent to be valid _____
 - A. Signed by the person themselves.
 - B. Given all the necessary information
 - C. Person must be capable of giving the consent
 - D. All
3. Effective communication is key to achieving informed consent?
 - A. True
 - B. False

Note: Satisfactory rating - 3 points

Unsatisfactory - below 3 points

Answer Sheet

1. _____
2. _____
3. _____

Score = _____
Rating: _____

Name: _____

Date: _____



References

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7. Beth A. Lown, Julie Rosen and John Marttila. An Agenda For Improving Compassionate Care: A Survey Shows About Half Of Patients Say Such Care Is Missing. Health Affairs 30, no.9 (2011):1772-1778.



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